

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 3898-172161																									
Application Number      09/665,065-Conf. #5244		Filed      September 19, 2000																									
<b>METHOD AND SYSTEM FOR ELECTRONIC FILE LIFECYCLE MANAGEMENT</b>																											
Art Unit      3626		Examiner      C. L. Gilligan																									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;"><u>Fee</u></th> <th style="width: 10%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> <b>Two months (37 CFR 1.17(a)(2))</b></td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ <b>230.00</b></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input checked="" type="checkbox"/> <b>Two months (37 CFR 1.17(a)(2))</b>	\$450	\$230	\$ <b>230.00</b>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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<input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b>																											
<input type="checkbox"/> A check in the amount of the fee is enclosed.																											
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																											
<input checked="" type="checkbox"/> <b>The Director has already been authorized to charge fees in this application to a Deposit Account.</b>																											
<input checked="" type="checkbox"/> <b>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0261</u>.</b>																											
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> <b>attorney or agent of record. Registration Number 56,784.</b></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p> <p style="margin-left: 150px;">Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center; margin: 0;">Signature</p> <p style="text-align: center; margin: 0;"><b>Caroline J. Swindell</b></p> <p style="text-align: center; margin: 0;">Typed or printed name</p> </div> <div style="width: 45%;"> <p style="text-align: center; margin: 0;"><u>October 3, 2007</u></p> <div style="border-top: 1px solid black; width: 100%;"></div> <p style="text-align: center; margin: 0;">Date</p> <p style="text-align: center; margin: 0;">(703) 760-1676</p> <p style="text-align: center; margin: 0;">Telephone Number</p> </div> </div>																											